



Pre-Application for Public Housing Program

Instructions: Complete the **entire** pre-application and return to the City of Chandler Housing and Redevelopment Division, 235 S. Arizona Ave., Chandler, AZ 85225, or Mail Stop 101, P.O. Box 4008, Chandler, AZ 85244-4008, by the due date of **Oct. 14, 2021, at 12:00 pm (noon)**. If the pre-application is to be **returned** by mail, it must be postmarked by **Oct. 14, 2021**. **Incomplete pre-applications will NOT be accepted.**

Household Information (list all persons who will be residing in the household):						For Demographic Use Only	
Last Name	First Name	Relationship to Head of Household	Birth Date	Gender	Disabled? (mark if YES)	Race	Ethnicity (Hispanic, Non-Hispanic)
		HEAD			<input type="checkbox"/> Disabled		
					<input type="checkbox"/> Disabled		
					<input type="checkbox"/> Disabled		
					<input type="checkbox"/> Disabled		
					<input type="checkbox"/> Disabled		

**Use a separate sheet of paper if additional members will be residing in the household.*

CONTACT INFORMATION:

Mailing Address: _____ Apt: _____ City: _____ State: _____ Zip: _____

☐ Same as Physical Address (check if yes)

Email: _____ Cell Phone: _____ Alternate Phone: _____

☐ I do not have an email address.

Gross Annual Household Income: \$ _____

WAIT LIST PREFERENCES (mark at least one):	Would you like to add an Additional Contact or Organization? <input type="checkbox"/> No <input type="checkbox"/> Yes
<input type="checkbox"/> Displaced: Applicants displaced by government action OR a disaster recognized by Federal disaster laws. <input type="checkbox"/> Living and/or Working in Chandler: Applicants must physically live in the City of Chandler, OR must physically work, or be hired to work, in the City of Chandler. <input type="checkbox"/> Chronically Homeless: A person with a disability who lives either in a place not meant for human habitation, a safe haven, or emergency shelter continuously for at least 12 months, OR on at least four separate occasions in the last three years, where the combined length of homeless occasions is equal to at least 12 months. <input type="checkbox"/> Currently Employed/Employment Program: At least one adult family member works at least 20 hours a week outside the City of Chandler, attends an employment training program, or attends school on a full-time basis. <input type="checkbox"/> Elderly: The head and/or spouse is elderly (62+ years of age). <input type="checkbox"/> Disabled: Disabled families and families with a disabled household member. <input type="checkbox"/> None of the above.	<p>If yes, please complete the information below.</p> <p>Name: _____</p> <p>Phone Number: _____</p> <p>Email: _____</p>

IMPORTANT: The PHA will not accept duplicate pre-applications for the same program. Only submit one pre-application, either online or a paper pre-application.

Pre-application for the City of Chandler Public Housing Program

Date Stamp (office use only)

I understand the following:

1. My pre-application has been submitted and will be reviewed. If accepted, I will be added to the waitlist for the **Public Housing Program only**.
2. It is my responsibility to ensure that all changes to this pre-application, including changes in address, household members, and income, must be reported in writing to the City of Chandler Housing and Redevelopment Division on a Change Report form or in the online portal. If a Change Report form is used, a copy of the form must be date and time stamped by the City of Chandler Housing office to be considered valid. Changes reported verbally, via the telephone, or voice mail, will NOT be accepted. Requesting the U.S. Postal Service to forward all mail will NOT be accepted as a notification of an address change. I may contact the Housing Office for assistance in complying with this requirement.
3. If my pre-application is removed or denied, I may reapply whenever a waitlist is open again.
4. My pre-application for the **Public Housing Program** may be denied because of gross income exceeding allowable limits, or other reasons required by law or City of Chandler Housing and Redevelopment policy.
5. The completion and acceptance of this pre-application does not obligate the City of Chandler Housing and Redevelopment Division to provide housing to me, nor does it obligate me to accept a tenancy with any housing program offered through the City of Chandler.
6. I agree and accept that my paper pre-application is the official pre-application submission. Duplicate pre-applications will not be accepted.

Warning! Title 18, Section 1001 of the United States Code. Any person who knowingly or willfully makes a false, fictitious, or fraudulent statement or document in a matter within the jurisdiction of a federal agency or department may be subject to criminal penalties, civil liability and administrative sanctions. I understand that my having provided any false information will result in my pre-application being canceled or denied or in the termination of housing assistance should I be housed. I do hereby swear, attest, and declare under penalty of perjury under the laws of the United States of America and the State of Arizona that the information contained in this pre-application of facts is true, correct, and complete.

Head of Household Printed Name

Head of Household Signature

Date Signed

Name and signature of person completing pre-application for applicant (other than applicant):

Print Name of Person Completing Application

Signature of Person Completing Application

Date Signed

Email

Address

Phone

Mailing Address:

Mail Stop 101, P.O. Box 4008
Chandler, AZ 85244-4008

City of Chandler Housing and Redevelopment Division

chandleraz.gov/affordablehousing

Phone 480-782-3200 ♦ Fax 480-782-3220

Office Location:

235 S. Arizona Ave.
Chandler, AZ 85225



Arizona Relay Service provides free 24-hour telephone access for the deaf, hard of hearing, deaf-blind, and hearing or speech impaired.
7-1-1 (TTY) * 7-1-1 (Voice) / TTY English 800-367-8939 or Español 800-842-2088

